

Assurant Health or Time Insurance

Thanks for looking at our Opportunity to become an Independent Contractor with Affordable Health Insurance Agency, LLC. It was a pleasure talking with you! Here is all the paperwork needed for contracting with us. If you have any questions, feel free to call us at 888-883-8490 or 262-784-7344.

- Print off and Fill out this paper work with Black Pen, print and write legible.
- Please Fax or mail me a copy of your State(s) License that you wish to be appointed in and a Copy of your Errors and Omissions Insurance (E & O). If you don't have E & O Insurance please let me know and we can assist you with this. E & O you will have to get within 90 days of working with our Agency. Majority of the companies we work with require it.
- Fax to 262-821-0508 Attn: Kevin
- If you do not have a fax then mail to:

Affordable Health Insurance Agency, LLC
Attn: Kevin
17100 W. Bluemound Road Ste 202
Brookfield, WI 53005

- Any questions feel free to call me at the number above.



AGENCY INFORMATION

1. Agency Name:

2. Assurant Agency Business No. / Tax ID No.:

3. RSD Name:

INDIVIDUAL AGENT INFORMATION

4. Agent's Name (Full legal name):

Nickname (Optional):

5. Social Security Number:

6. Date of Birth:

7. Resident Address: (Required)

STREET

CITY / STATE / ZIP (9 DIGIT)

PHONE

8. Business Address: (Optional)

STREET or P.O. BOX

CITY / STATE / ZIP (9 DIGIT)

PHONE

FAX

E-MAIL

9. License Requirements - We require a copy of your personal health and life license for your resident state and each non-resident state in which you intend to operate. Fees associated with these appointments will be charged to your General Agency's commission account where permitted. Please send copies of the appropriate licenses with this application.

10. Are you now or have you ever used any name other than shown above? [] Yes [] No If yes, list names, dates and reason used:

11. Have you ever been appointed with Time Insurance Company (previously known as Fortis Insurance Company?)

[] Yes [] No If yes, list agent numbers:

12. Name of Errors and Omissions Carrier:

Provide details to any "YES" answers for questions 13 - 15 on an attached sheet.

13. Have you ever had a professional license refused, revoked or suspended; or, has disciplinary action been taken against you by a regulatory agency? [] Yes [] No

14. Are you currently indebted to any insurance company or agency, or is there any dispute regarding your insurance accounts? [] Yes [] No

15. Have you ever pled guilty or no contest or been convicted of any violation of law other than minor traffic violations? [] Yes [] No

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan Milwaukee, WI 53201



16. List your residence address for past five years up to and including present date:

FROM (MO / YR)	TO (MO / YR)	ADDRESS	CITY / STATE / ZIP	PHONE

17. List all employers for past five years up to and including present date. Include dates, addresses, and positions:

FROM (MO / YR)	TO (MO / YR)	NAME / ADDRESS	CITY / STATE / ZIP	PHONE

IMPORTANT INFORMATION

Fair Credit Act -- I hereby authorize and request any present or former employer, police department, financial institution, insurance company, department of insurance or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for appointment as an insurance agent. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written agent application which I signed and applies to all companies, including any affiliated or import companies with which Assurant Health has a relationship, and products I may sell through that application.

Taxpayer Identification -- Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number (TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

Please Note:

This application cannot be processed unless all questions have been answered and appropriate license copies are attached. Fees associated with appointments will be charged to your commission account where permitted.

I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or misstatements may result in immediate cancellation of this appointment and the accompanying sales agreement. I grant full authorization to Time Insurance Company, Assurant Health and affiliated companies to communicate with me via fax, e-mail or any other electronic means at the numbers/address I have provided herein or at any number/address I subsequently provide to Time Insurance Company. I understand that such communications may qualify as advertisements under federal, state or local law and I consent to receive such advertisements. This authorization and permission shall remain effective until withdrawn by me in writing and received by Time Insurance Company.

AGENT'S SIGNATURE _____

DATE _____

GENERAL AGENT'S SIGNATURE _____

Completed application can be faxed to Agent License and Contract Support at (414) 299-7516 or send to MKELicensing@assurant.com

Company Use Only

RSD's SIGNATURE / HOME OFFICE AUTHORIZATION	
Appointment Date	Agent Business No.

Products are underwritten and issued by:

Time Insurance Company
501 W Michigan
Milwaukee, WI 53201





Agent Name

SSN

General Agent's Name

GA Agent Number

List the states in which you are requesting appointment for this applicant. Note: A legible copy of each state insurance license must be attached for each state. Fees associated with these appointments will be charged to the GA's commission account where permitted.

SELECT HOW AGENT IS TO BE PAID - Selection applies to ALL product lines.

General Agent pays Writing Agent No Company Contract - do not complete Time Insurance Producer Sales Agreement. Check box to request Writing Agent Accounting and complete schedule options below.

Company Pays Producer directly Must complete Time Insurance Company Producer Sales Agreement, Form 25671. Select mailing address to be used for mailing statements and checks directly to agent. This address must be specified on Agent's application. Resident Business Commission Statement Frequency Payment Frequency Electronic Funds Transfer is available by completing the EFT form (required for weekly payment).

PRODUCT & COMPENSATION AUTHORIZATION - Select the products you are authorizing the Agent to sell by checking the appropriate box. You, the General Agent, must be authorized for the same products and be appointed in the same states where required by state law. Select the box which represents the desired commission schedule option for paid direct agents or if you requested writing agent accounting.

Individual Medical Schedule Option First Year Renewal Annualization Only available if the General Agent is annualized and the agent is company paid.

Short Term & Student Select Schedule Option First Year Renewal (Student Select)

Small Group Schedule Option First Year Renewal

VoluntaryMart Schedule Option See producer chart for levels, rates and production requirements. Checking one of these boxes does not select the Writing Agent's/ Producers starting rate.

Commission Advance If "Yes", signed VoluntaryMart Commission Advance Addendum must be attached. If "No", others in the hierarchy will not receive advances for business written by the Producer.

Compensation Type Non Level Compensation = 1st year higher, lower renewal. Level Compensation = 1st year and renewal equal. If Level is selected, others in the hierarchy will receive Level commissions for business written by the Writing Agent / Producer.

Newly Authorized Special Compensation Yes No

A Writing Agent/Producer Appointment Application must be attached to process new agents/producers. I recommend appointing this agent per the above noted instructions.

General Agent's Signature

Date

Completed forms can be faxed to Agent License and Contract Support at 414-299-7516, email MKELicensing@assurant.com

Products are underwritten and issued by: Time Insurance Company 501 W Michigan Milwaukee, WI 53201





This Addendum shall be attached to and made part of a Time Insurance Company ("Company") Managing General Agent, General Agent or Producer Sales Agreement and applies only to commissions payable from the sale of VoluntaryMartSM products.

ADVANCE PAYMENT OF VoluntaryMartSM COMMISSIONS. Company may, at its option, advance all or part of first year commissions to Agent in anticipation of commissions to be earned by Agent on VoluntaryMartSM products.

In the event of a lapse of a policy or rider during the first year of coverage, all commission will be charged to Agent's account as detailed in the commission schedule and will represent a commission debit balance owed Company. Company may, at any time, apply any and all commissions earned by Agent to the repayment of any commission debit balance that has been incurred.

Agent hereby agrees that any and all amounts so advanced by Company will for all purposes be deemed direct loans to Agent for the repayment of which Agent is personally liable. At the request of Company, Agent agrees to execute and deliver to Company such promissory notes as Company may request to evidence Agent's indebtedness to Company.

Agent also agrees that when there has been any indebtedness that Agent has refused to pay completely within 30 days of written demand, Company shall be entitled to interest on the unpaid balance payable at the legal rate from the date written demand for payment was made by Company.

Print Agent Name ("Agent")

Date (completed by Home Office)

Agent Signature

Time Insurance Company Officer & Title

Print Corporate Name (if applicable)

Print Corporate Officer & Title (if applicable)

Agent Number

Time Insurance Company Producer Sales Agreement

This Producer Sales Agreement is between Time Insurance Company, by its current name or any new name or legal identity it may hold in the future, its subsidiaries and associated organizations (hereinafter referred to as the "Company" or "We" or "Us" or "Our") and

, "Producer" or "You" or "Your" or "Yours".

(Please print or type name)

The Producer agrees to comply with the following terms and conditions.

Producer

For Time Insurance Company

Signature

Signature

(Please print or type name)

Effective Date of Agreement
(To be completed by Home Office.)

Date

Producer #:

General Agent

GA Name (Please print)

GA Number

BENEFICIARY DESIGNATION:

Name

Present Address

if living, otherwise to:

Name

Present Address

DEFINITIONS

AGREEMENT. For the purposes of this Agreement, "Agreement" shall mean this Producer Sales Agreement, together with the Appointment Application, Commission and Product Schedules and any attachments, exhibits or schedules hereto.

ASSOCIATED ORGANIZATION. For the purposes of this Agreement, an "Associated Organization," shall mean a